

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with the death certificate. Pages 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12078

12066

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or Print) NATHAN DARWIN BAKER		Middle		Lost		2a. DATE KNOWN OF DEATH <input checked="" type="checkbox"/> Month Day Year Aug. 27, 1968		2b. HOUR 3:30 P. M.	
3. SEX Male	4. RACE White	5. DATE OF BIRTH 7/09/1952	6. AGE (In years lost birthday) 16 YRS.	IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN.		2c. DATE PRONOUNCED DEAD Month Day Year Aug. 27, 1968	
7a. BIRTHPLACE (State or foreign country) Pa.		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Somerset Md.			
10. CITY OR TOWN OF DEATH (Rural) Rehobeth		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Student		12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.		13b. COUNTY Somerset		13c. CITY OR TOWN Pocomoke		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER RFD 1	
14. FATHER'S NAME Leslie Baker		First Middle Lost		15. MOTHER'S MAIDEN NAME Betty Black		First Middle Lost			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		(If yes give war or dates of service)		16b. SOCIAL SECURITY NO. 208-42-2164		17. INFORMANT Mr. Leslie Baker		ADDRESS RFD1 Pocomoke, Md.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning, accidental DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____ APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Minutes									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 729.1									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. TIME OF INJURY Month, Day, Year 3:30 P. M. 8/27 19 68		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Accidentally drowned while swimming.					
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) Farm		21f. LOCATION Street or R.F.D. No. Rehobeth Som. Md.		City or Town County State			
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>									
ACTUAL SIGNATURE C. G. Rawley		EXAMINER'S NAME (Type) C. G. Rawley, M.D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>		22b. DATE SIGNED 8/29/68			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/30/68		23c. NAME OF CEMETERY OR CREMATOR Holly Grove Mennonite		23d. LOCATION (City or Town) (County) (State) Westover Som. Md.			
24. FUNERAL DIRECTOR Robert H. Watson		ADDRESS Pocomoke, Md.		25a. REC'D BY REGISTRAR SEP 3 1968		25b. REGISTRAR'S SIGNATURE John Judge			

**FOR STATE
HEALTH DEPT.**

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
12070 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12079

1. DECEASED-NAME (Type or Print)		First Middle Last		2a. DATE KNOWN OF DEATH		ESTIMATED		Month Day Year		2b. HOUR	
James Parker Blades				8 28 1968						M	
3. SEX	4. RACE	5. DATE OF BIRTH		6. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS		2c. DATE PRONOUNCED DEAD	
M	W	July 14, 1912		56 YRS.		MONTHS DAYS		HOURS MIN.		Month Day Year 19	
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED		NEVER MARRIED		9. COUNTY OF DEATH		2d. HOUR	
Md.		U.S.		WIDOWED		DIVORCED		Somerset		M	
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)		12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY					
		Pocomoke Sound		Truck Driver							
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE		13b. COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?		13e. STREET AND NUMBER			
Md.		Somerset		Crisfield		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		RFD #1, Crisfield,			
14. FATHER'S NAME		First Middle Last		15. MOTHER'S MAIDEN NAME		First Middle Last					
William Blades				Doshia Parks							
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16b. SOCIAL SECURITY NO.		17. INFORMANT				RFD #1 Box 455			
				Mrs. Gladys Blades Crisfield, Md.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>DROWNING</u> 9100 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____ APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>MINUTES</u>											
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 929.8											
19a. DATE OF OPERATION				19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?				20. AUTOPSY?			
								YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>				21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 3 19				21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) <u>Pocomoke Sound</u>				21f. LOCATION Street or R.F.D. No. City or Town County State <u>Pocomoke Somerset Md.</u>			
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>											
ACTUAL SIGNATURE <u>Everett C. Satter</u>				CHIEF MEDICAL EXAMINER <input type="checkbox"/>				22b. DATE SIGNED <u>9-2-68</u>			
EXAMINER'S NAME (Type) <u>EVERETT Satter</u>				ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>				DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>			
				ADDRESS (Street, city, town, or county) <u>Somerset</u>							
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City or Town) (County) (State)					
Burial		9/2/68		Sunnyridge		Brisfield; Somerset; Md.					
24. FUNERAL DIRECTOR <u>James Hennen</u>				ADDRESS <u>Princess Anne, Md.</u>				25a. REC'D BY REGISTRAR <u>SEP 6 1968</u>		25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>	

FOR STATE
RECORDS



DREWMING

MINUTES

Account of
James G. Butler
Everett 21/11/18

James G. Butler
Everett 21/11/18

9-2-18
James

12071

CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or print) Clarence E. Collins			2a. DATE OF DEATH Month 8 Day 12 Year 68			2b. HOUR 11:40	
3. SEX Male		4. RACE White		5. DATE OF BIRTH Jan 16, 1870		6. AGE (In years last birthday) 98 YRS.	
7a. BIRTHPLACE (State or foreign country) Delaware		7b. CITIZEN OF WHAT COUNTRY? USA		B. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Somerset Md.	
1d. CITY OR TOWN OF DEATH Crisfield		11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital give street address) McCready		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Physician - Dentist		12b. KIND OF BUSINESS OR INDUSTRY Medicine	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13b. COUNTY Somerset		13c. CITY OR TOWN Crisfield		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				13e. STREET AND NUMBER "Hygiea", Hall Highway			
14. FATHER'S NAME First Middle Last Jacob A. Collins			15. MOTHER'S MAIDEN NAME First Middle Last Julia - Hitch				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or (unknown) No			16b. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Agatha Collins, Same as 13 abcde		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia 485x DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 491x							
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. City or Town County State			
22a. I certify that (I) (this hospital) attended the deceased from 8/12/68 , 19____, to _____, 19____, that (I) (we) last saw the deceased alive on _____, 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE H. C. Kaufman				DEGREE ATTENDING PHYS. <input type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED	
22d. PHYSICIAN'S NAME (Type) H. C. Kaufman, M.D.				22e. ADDRESS Crisfield, Md.			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug 15, 1968		23c. NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery		23d. LOCATION (City or Town) (County) (State) Crisfield, Somerset, Md.	
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md. 21817				25a. REC'D BY REGISTRAR DATE AUG 19 1968		25b. REGISTRAR'S SIGNATURE J. Charles Judge	

MEDICAL CERTIFICATION

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FOR STATE
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12077 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12081

1. DECEASED-NAME (Type or Print)		First	Middle	Lost	2a. DATE KNOWN OF DEATH		2b. HOUR
Coston				Cottman	2c. DATE PRONOUNCED DEAD	Month	Day
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years lost, birthday)	7. IF UNDER 1 YEAR	8. IF UNDER 24 HRS	9. COUNTY OF DEATH	10. CITY OR TOWN OF DEATH
Male	Colored	11-11-55	12 YRS.	MONTHS	DAYS	Somerset	Princess Anne
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH	
Maryland		U.S.A.				Somerset	
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY	
Princess Anne				None		None	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)		13b. COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	
Maryland		Somerset		Princess Anne		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
14. FATHER'S NAME		15. MOTHER'S MAIDEN NAME		16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16b. SOCIAL SECURITY NO.	
Walter		Searls		Lorean		Cottman	
17. INFORMANT		18. ADDRESS		19. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	
Maggie Cottman, Princess Anne, Md.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Drowning</u> DUE TO, OR AS A CONSEQUENCE OF (b) <u>9100</u> DUE TO, OR AS A CONSEQUENCE OF (c) <u>9100</u>		19. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) <u>9298</u>		21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR A.M. <u>8-8-68</u> P.M. <u>1:30PM</u>		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) <u>drowned while swimming in pond</u>	
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office, building, etc.) <u>in pit, near College, Princess Anne Md.</u>		21f. LOCATION Street or R.F.D. No. City or Town County State			
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>		22b. DATE SIGNED <u>8-9-68</u>		23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	
ACTUAL SIGNATURE <u>Everett Sutter</u> M.D.		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City or Town) (County) (State)			
EXAMINER'S NAME (Type) <u>Everett Sutter MD</u>		24. FUNERAL DIRECTOR		25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE	
		ADDRESS		25c. NAME OF CEMETERY OR CREMATORY		25d. LOCATION (City or Town) (County) (State)	
		Mt. Hope		Princess Anne, Md.			
		William H. James, Jr. Princess Anne, Md.		AUG 15 1968		Charles Judge	

THE UNIVERSITY OF CHICAGO

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201												
12073 CERTIFICATE OF DEATH 12082												
1. DECEASED-NAME (Type or print)		First Lewis		Middle E.		Last Daugherty		2a. DATE OF DEATH Month Day Year Aug. 20 68		2b. HOUR 12:50 M		
3. SEX Male		4. RACE White		5. DATE OF BIRTH April 20, 1925			6. AGE (In years last birthday) 43 YRS.		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN.	
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			9. COUNTY OF DEATH Somerset Md.					
10. CITY OR TOWN OF DEATH Crisfield		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) McCready Memo.			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Route Supervisor			12b. KIND OF BUSINESS OR INDUSTRY Bakery				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13b. COUNTY Somerset		13c. CITY OR TOWN Crisfield		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER 430 Charlotte Ave.				
14. FATHER'S NAME First Middle Last Lewis Thomas Daugherty		15. MOTHER'S MAIDEN NAME First Middle Last Lola Mae Swift										
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown Yes		(If yes give year or dates of service) WW 2		16b. SOCIAL SECURITY NO. 218-20-4541		17. INFORMANT Address Mrs. Mae Daugherty, Same as 13. abcde						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive Coronary Thrombosis</u> DUE TO, OR AS A CONSEQUENCE OF (b) <u>Hypertension & Angina</u> DUE TO, OR AS A CONSEQUENCE OF (c) <u></u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. 4100										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 hours 1 year		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 4201												
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED				20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)								
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County		State		
22a. I certify that (I) (this hospital) attended the deceased from <u>Aug 19</u> , 19 <u>68</u> , to <u>Aug 20</u> , 19 <u>68</u> , that (I) (we) last saw the deceased alive on <u>8/20/68</u> 19 <u>68</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. <u>yes</u>												
22b. SIGNATURE Saul M. Peyton M.D.		DEGREE		ATTENDING PHYS. <input checked="" type="checkbox"/>		MED. DIRECTOR <input type="checkbox"/>		STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED Aug. 21, 1968		
22d. PHYSICIAN'S NAME (Type) S. M. Peyton, M.D.		22e. ADDRESS Crisfield, Md.										
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 22, 1968		23c. NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery		23d. LOCATION (City or Town) Crisfield, Somerset, Md.		(County)		(State)		
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md. 21817				ADDRESS		25a. REC'D BY REGISTRAR DATE AUG 26 1968		25b. REGISTRAR'S SIGNATURE Charles Judge				

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
12074
CERTIFICATE OF DEATH

12083

1. DECEASED-NAME (Type or print) James Earle Davis			2a. DATE OF DEATH Month 8 Day 18 Year 68			2b. HOUR 7:30 M			
3. SEX Male		4. RACE White		5. DATE OF BIRTH Jan 27, 1912		6. AGE (In years last birthday) 56 YRS.		IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HRS. HOURS MIN.	
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? USA		B. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Somerset Md.			
10. CITY OR TOWN OF DEATH Crisfield		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) McCready		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) House Painter		12b. KIND OF BUSINESS OR INDUSTRY Painting			
13a. USUAL RESIDENCE (Where deceased admission) STATE Maryland		13b. COUNTY Somerset		13c. CITY OR TOWN Crisfield		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER Hinman Rd.	
14. FATHER'S NAME First Jesse Middle H. Last Davis			15. MOTHER'S MAIDEN NAME First Laura Middle E. Last Parks						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		(If yes give war or dates of service) WW 2		16b. SOCIAL SECURITY NO. 218-14-1903		17. INFORMANT Address Mrs. Helen S. Davis, Same as 13. abcde			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis 4339 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Cerebral Thrombosis DUE TO, OR AS A CONSEQUENCE OF (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 days 5 years									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 331X									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. City or Town County State					
22a. I certify that (I) (this hospital) attended the deceased from 8/11/68 , 19 68 , to 8/18/68 , 19 68 , that (I) (we) lost saw the deceased alive on 8/16/68 , 19 68 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
22b. SIGNATURE Sarah M. Peyton				DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED 8/19/68			
22d. PHYSICIAN'S NAME (Type) S. M. Peyton, M.D.				22e. ADDRESS Crisfield, Md.					
23a. BURIAL, CREMATION, or other disposition (Specify) Burial		23b. DATE Aug 19, 1968		23c. NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery		23d. LOCATION (City or Town) (County) (State) Crisfield, Somerset, Md.			
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md. 21817				ADDRESS		25a. REC'D BY REGISTRAR DATE AUG 26 1968		25b. REGISTRAR'S SIGNATURE Charles Judge	

171

2250

1-1-1

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If necessary, please execute the certificate, writing the word "pending" in pencil in Item 1B. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PMS. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										12084							
12075 MEDICAL EXAMINER'S CERTIFICATE OF DEATH																	
1. DECEASED-NAME (Type or Print)			First Harold			Middle Robert			Last Green			2a. DATE KNOWN OF DEATH <input checked="" type="checkbox"/> ESTIMATED <input type="checkbox"/> Month Day Year 8-30-68		2b. HOUR 2P M			
3. SEX male		4. RACE white		5. DATE OF BIRTH 5-3-1909		6. AGE (In years last birthday) 59 YRS.		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN.		2c. DATE PRONOUNCED DEAD Month Day Year 8-30-68 19		2d. HOUR 2P M			
7a. BIRTHPLACE (State or foreign country) Maryland			7b. CITIZEN OF WHAT COUNTRY? USA			8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>			9. COUNTY OF DEATH Somerset			Md.					
10. CITY OR TOWN OF DEATH Wenona			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) —			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Household			12b. KIND OF BUSINESS OR INDUSTRY								
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.			13b. COUNTY Somerset			13c. CITY OR TOWN Wenona			13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			13e. STREET AND NUMBER					
14. FATHER'S NAME First Middle Last Robert Green			15. MOTHER'S MAIDEN NAME First Middle Last Lula Pope			16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes WWII			16b. SOCIAL SECURITY NO. unknown			17. INFORMANT Mrs Lillian Shorter			ADDRESS St Michaels Maryland		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Coronary arteriosclerosis DUE TO, OR AS A CONSEQUENCE OF (c)										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH minutes years							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) 4201 acute and chronic alcoholism																	
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)											
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)			21f. LOCATION Street or R.F.D. No. City or Town County State											
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>																	
ACTUAL SIGNATURE Everett Sutter			M.D.			CHIEF MEDICAL EXAMINER <input type="checkbox"/>			ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>			DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>			22b. DATE SIGNED 8-31-68 Somerset		
EXAMINER'S NAME (Type) Everett Sutter			ADDRESS —			ADDRESS (Street, city, town, or county)											
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE 9-1-68			23c. NAME OF CEMETERY OR CREMATORY Rock Creek			23d. LOCATION (City or Town) (County) (State) Chance Somerset Md								
24. FUNERAL DIRECTOR Leroy Webster			ADDRESS Leroy Webster, Princess Anne			25a. REC'D BY REGISTRAR SEP 5 1968			25b. REGISTRAR'S SIGNATURE J Charles Judge								

888

RECEIVED BY THE OFFICE OF THE SECRETARY OF THE ARMY
WASHINGTON, D. C. 20315

FOR STATE
250-100

OFFICE OF THE SECRETARY OF THE ARMY

1. NAME OF THE OFFICER		2. GRADE		3. BRANCH		4. POST OFFICE		5. CITY		6. STATE		7. ZIP CODE	
8. DATE		9. TIME		10. SIGNATURE		11. TITLE		12. OFFICE		13. PHONE		14. FAX	
15. REMARKS		16. COMMENTS		17. ACTION		18. DATE		19. TIME		20. SIGNATURE		21. TITLE	
22. APPROVAL		23. DATE		24. TIME		25. SIGNATURE		26. TITLE		27. OFFICE		28. PHONE	
29. REMARKS		30. COMMENTS		31. ACTION		32. DATE		33. TIME		34. SIGNATURE		35. TITLE	
36. APPROVAL		37. DATE		38. TIME		39. SIGNATURE		40. TITLE		41. OFFICE		42. PHONE	
43. REMARKS		44. COMMENTS		45. ACTION		46. DATE		47. TIME		48. SIGNATURE		49. TITLE	
50. APPROVAL		51. DATE		52. TIME		53. SIGNATURE		54. TITLE		55. OFFICE		56. PHONE	
57. REMARKS		58. COMMENTS		59. ACTION		60. DATE		61. TIME		62. SIGNATURE		63. TITLE	
64. APPROVAL		65. DATE		66. TIME		67. SIGNATURE		68. TITLE		69. OFFICE		70. PHONE	
71. REMARKS		72. COMMENTS		73. ACTION		74. DATE		75. TIME		76. SIGNATURE		77. TITLE	
78. APPROVAL		79. DATE		80. TIME		81. SIGNATURE		82. TITLE		83. OFFICE		84. PHONE	
85. REMARKS		86. COMMENTS		87. ACTION		88. DATE		89. TIME		90. SIGNATURE		91. TITLE	
92. APPROVAL		93. DATE		94. TIME		95. SIGNATURE		96. TITLE		97. OFFICE		98. PHONE	
99. REMARKS		100. COMMENTS		101. ACTION		102. DATE		103. TIME		104. SIGNATURE		105. TITLE	
106. APPROVAL		107. DATE		108. TIME		109. SIGNATURE		110. TITLE		111. OFFICE		112. PHONE	
113. REMARKS		114. COMMENTS		115. ACTION		116. DATE		117. TIME		118. SIGNATURE		119. TITLE	
120. APPROVAL		121. DATE		122. TIME		123. SIGNATURE		124. TITLE		125. OFFICE		126. PHONE	
127. REMARKS		128. COMMENTS		129. ACTION		130. DATE		131. TIME		132. SIGNATURE		133. TITLE	
134. APPROVAL		135. DATE		136. TIME		137. SIGNATURE		138. TITLE		139. OFFICE		140. PHONE	
141. REMARKS		142. COMMENTS		143. ACTION		144. DATE		145. TIME		146. SIGNATURE		147. TITLE	
148. APPROVAL		149. DATE		150. TIME		151. SIGNATURE		152. TITLE		153. OFFICE		154. PHONE	
155. REMARKS		156. COMMENTS		157. ACTION		158. DATE		159. TIME		160. SIGNATURE		161. TITLE	
162. APPROVAL		163. DATE		164. TIME		165. SIGNATURE		166. TITLE		167. OFFICE		168. PHONE	
169. REMARKS		170. COMMENTS		171. ACTION		172. DATE		173. TIME		174. SIGNATURE		175. TITLE	
176. APPROVAL		177. DATE		178. TIME		179. SIGNATURE		180. TITLE		181. OFFICE		182. PHONE	
183. REMARKS		184. COMMENTS		185. ACTION		186. DATE		187. TIME		188. SIGNATURE		189. TITLE	
190. APPROVAL		191. DATE		192. TIME		193. SIGNATURE		194. TITLE		195. OFFICE		196. PHONE	
197. REMARKS		198. COMMENTS		199. ACTION		200. DATE		201. TIME		202. SIGNATURE		203. TITLE	
204. APPROVAL		205. DATE		206. TIME		207. SIGNATURE		208. TITLE		209. OFFICE		210. PHONE	
211. REMARKS		212. COMMENTS		213. ACTION		214. DATE		215. TIME		216. SIGNATURE		217. TITLE	
218. APPROVAL		219. DATE		220. TIME		221. SIGNATURE		222. TITLE		223. OFFICE		224. PHONE	
225. REMARKS		226. COMMENTS		227. ACTION		228. DATE		229. TIME		230. SIGNATURE		231. TITLE	
232. APPROVAL		233. DATE		234. TIME		235. SIGNATURE		236. TITLE		237. OFFICE		238. PHONE	
239. REMARKS		240. COMMENTS		241. ACTION		242. DATE		243. TIME		244. SIGNATURE		245. TITLE	
246. APPROVAL		247. DATE		248. TIME		249. SIGNATURE		250. TITLE		251. OFFICE		252. PHONE	
253. REMARKS		254. COMMENTS		255. ACTION		256. DATE		257. TIME		258. SIGNATURE		259. TITLE	
260. APPROVAL		261. DATE		262. TIME		263. SIGNATURE		264. TITLE		265. OFFICE		266. PHONE	
267. REMARKS		268. COMMENTS		269. ACTION		270. DATE		271. TIME		272. SIGNATURE		273. TITLE	
274. APPROVAL		275. DATE		276. TIME		277. SIGNATURE		278. TITLE		279. OFFICE		280. PHONE	
281. REMARKS		282. COMMENTS		283. ACTION		284. DATE		285. TIME		286. SIGNATURE		287. TITLE	
288. APPROVAL		289. DATE		290. TIME		291. SIGNATURE		292. TITLE		293. OFFICE		294. PHONE	
295. REMARKS		296. COMMENTS		297. ACTION		298. DATE		299. TIME		300. SIGNATURE		301. TITLE	
302. APPROVAL		303. DATE		304. TIME		305. SIGNATURE		306. TITLE		307. OFFICE		308. PHONE	
309. REMARKS		310. COMMENTS		311. ACTION		312. DATE		313. TIME		314. SIGNATURE		315. TITLE	
316. APPROVAL		317. DATE		318. TIME		319. SIGNATURE		320. TITLE		321. OFFICE		322. PHONE	
323. REMARKS		324. COMMENTS		325. ACTION		326. DATE		327. TIME		328. SIGNATURE		329. TITLE	
330. APPROVAL		331. DATE		332. TIME		333. SIGNATURE		334. TITLE		335. OFFICE		336. PHONE	
337. REMARKS		338. COMMENTS		339. ACTION		340. DATE		341. TIME		342. SIGNATURE		343. TITLE	
344. APPROVAL		345. DATE		346. TIME		347. SIGNATURE		348. TITLE		349. OFFICE		350. PHONE	
351. REMARKS		352. COMMENTS		353. ACTION		354. DATE		355. TIME		356. SIGNATURE		357. TITLE	
358. APPROVAL		359. DATE		360. TIME		361. SIGNATURE		362. TITLE		363. OFFICE		364. PHONE	
365. REMARKS		366. COMMENTS		367. ACTION		368. DATE		369. TIME		370. SIGNATURE		371. TITLE	
372. APPROVAL		373. DATE		374. TIME		375. SIGNATURE		376. TITLE		377. OFFICE		378. PHONE	
379. REMARKS		380. COMMENTS		381. ACTION		382. DATE		383. TIME		384. SIGNATURE		385. TITLE	
386. APPROVAL		387. DATE		388. TIME		389. SIGNATURE		390. TITLE		391. OFFICE		392. PHONE	
393. REMARKS		394. COMMENTS		395. ACTION		396. DATE		397. TIME		398. SIGNATURE		399. TITLE	
400. APPROVAL		401. DATE		402. TIME		403. SIGNATURE		404. TITLE		405. OFFICE		406. PHONE	
407. REMARKS		408. COMMENTS		409. ACTION		410. DATE		411. TIME		412. SIGNATURE		413. TITLE	
414. APPROVAL		415. DATE		416. TIME		417. SIGNATURE		418. TITLE		419. OFFICE		420. PHONE	
421. REMARKS		422. COMMENTS		423. ACTION		424. DATE		425. TIME		426. SIGNATURE		427. TITLE	
428. APPROVAL		429. DATE		430. TIME		431. SIGNATURE		432. TITLE		433. OFFICE		434. PHONE	
435. REMARKS		436. COMMENTS		437. ACTION		438. DATE		439. TIME		440. SIGNATURE		441. TITLE	
442. APPROVAL		443. DATE		444. TIME		445. SIGNATURE		446. TITLE		447. OFFICE		448. PHONE	
449. REMARKS		450. COMMENTS		451. ACTION		452. DATE		453. TIME		454. SIGNATURE		455. TITLE	
456. APPROVAL		457. DATE		458. TIME		459. SIGNATURE		460. TITLE		461. OFFICE		462. PHONE	
463. REMARKS		464. COMMENTS		465. ACTION		466. DATE		467. TIME		468. SIGNATURE		469. TITLE	
470. APPROVAL		471. DATE		472. TIME		473. SIGNATURE		474. TITLE		475. OFFICE		476. PHONE	
477. REMARKS		478. COMMENTS		479. ACTION		480. DATE		481. TIME		482. SIGNATURE		483. TITLE	
484. APPROVAL		485. DATE		486. TIME		487. SIGNATURE		488. TITLE		489. OFFICE		490. PHONE	
491. REMARKS		492. COMMENTS		493. ACTION		494. DATE		495. TIME		496. SIGNATURE		497. TITLE	
498. APPROVAL		499. DATE		500. TIME		501. SIGNATURE		502. TITLE		503. OFFICE		504. PHONE	
505. REMARKS		506. COMMENTS		507. ACTION		508. DATE		509. TIME		510. SIGNATURE		511. TITLE	
512. APPROVAL		513. DATE		514. TIME		515. SIGNATURE		516. TITLE		517. OFFICE		518. PHONE	
519. REMARKS		520. COMMENTS		521. ACTION		522. DATE		523. TIME					

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										12085					
MEDICAL EXAMINER'S CERTIFICATE OF DEATH															
1. DECEASED-NAME (Type or Print)			First		Middle		Last		2a. DATE KNOWN OF DEATH <input checked="" type="checkbox"/> Month Day Year			2b. HOUR			
Edward F Hull Jr									8-8-68 19			3P M			
3. SEX		4. RACE		5. DATE OF BIRTH		6. AGE (In years last birthday)		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS HOURS MIN.		2c. DATE PRONOUNCED DEAD Month Day Year		2d. HOUR	
Male		C		5-18-1892		76 YRS.						8-8-68 19		3P M	
7a. BIRTHPLACE (State or foreign country)			7b. CITIZEN OF WHAT COUNTRY?			8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			9. COUNTY OF DEATH				Md.		
Maryland			US**						Somerset						
10. CITY OR TOWN OF DEATH				11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)				12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)				12b. KIND OF BUSINESS OR INDUSTRY			
Dames Quarter								retired				Waterman			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE				13b. COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		13e. STREET AND NUMBER					
Md				Somerset		Dames Quarter				none					
14. FATHER'S NAME First Middle Last					15. MOTHER'S MAIDEN NAME First Middle Last										
Edward F Hull Sr					Elisha Cook										
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16b. SOCIAL SECURITY NO.				17. INFORMANT				ADDRESS			
no								Louise Carr, Dames Quarter, Maryland							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive failure</u> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. } (b) <u>Emphysema</u> DUE TO, OR AS A CONSEQUENCE OF (c) _____										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
492x										6mo					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)															
5271															
19a. DATE OF OPERATION				19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH				21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19				21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)				21f. LOCATION Street or R.F.D. No. City or Town County State							
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>															
ACTUAL SIGNATURE		Everett Sutter M.D.						CHIEF MEDICAL EXAMINER <input type="checkbox"/>		22b. DATE SIGNED					
EXAMINER'S NAME (Type)		Everett Sutter MD						ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		8-14-68					
								DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>							
								ADDRESS (Street, city, town, or county)							
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City or Town) (County) (State)									
Burial		8-11-68		Macedonia		Dames Quarter Somerset Maryland									
24. FUNERAL DIRECTOR						ADDRESS		25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE					
William H James III, 258 Church St						Princess Anne, Md.		AUG 19 1968		Charles Judge					

1963-1964

1963-1964

1963-1964

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										12086				
12077										CERTIFICATE OF DEATH				
1. DECEASED-NAME (Type or print)			First Mary		Middle R.		Last Parsons		2a. DATE OF DEATH Month Day Year Aug. 5 68			2b. HOUR 5:45		
3. SEX Female			4. RACE White			5. DATE OF BIRTH Sept. 30, 1888			6. AGE (In years last birthday) 79 YRS.		IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.		IF UNDER 24 HRS.	
7a. BIRTHPLACE (State or foreign country) Maryland			7b. CITIZEN OF WHAT COUNTRY? USA			8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			9. COUNTY OF DEATH Somerset Md.					
10. CITY OR TOWN OF DEATH Crisfield			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) McCreedy Memorial			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housewife			12b. KIND OF BUSINESS OR INDUSTRY Own Home					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland			13b. COUNTY Worcester			13c. CITY OR TOWN Snow Hill		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER 514 S. Church St.				
14. FATHER'S NAME First Middle Last James W. Gordy			15. MOTHER'S MAIDEN NAME First Middle Last Eva R. Pusey											
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No			16b. SOCIAL SECURITY NO. ----- Unknown			17. INFORMANT Address Linwood Parsons, Snow Hill, Md.								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Septicemia</u> 486X DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Pneumonia</u> DUE TO, OR AS A CONSEQUENCE OF (c) <u></u> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2d 2 weeks														
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) 493X <u>Cerebral Vascular Insufficiency</u>														
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)			21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)								
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work			21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)			21f. LOCATION Street or R.F.D. No. City or Town County State								
22a. I certify that (I) (this hospital) attended the deceased from <u>7/4/68</u> , 19 <u>68</u> , to <u>Aug. 5, 1968</u> , that (I) (we) last saw the deceased alive on <u>8/5/68</u> , 19 <u>68</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.														
22b. SIGNATURE <u>James A. Sterling</u>			DEGREE James A. Sterling			ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>			22c. DATE SIGNED <u>8/5/68</u>					
22d. PHYSICIAN'S NAME (Type) James A. Sterling			22e. ADDRESS Crisfield, Maryland											
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE Aug. 7/68			23c. NAME OF CEMETERY OR CREMATORY Bates Methodist			23d. LOCATION (City or Town) (County) (State) Snow Hill, Maryland					
24. FUNERAL DIRECTOR <u>James A. Sterling</u>			ADDRESS Snow Hill, Maryland			25a. REC'D BY REGISTRAR DATE AUG 7 1968			25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>					

1000

UNITED STATES

Sept. 30, 1988

Honorable

X

USA

Barry

Honorable

McGovern Memorial

Office

200 S. Church St.

Room 1111

Forced

Attorney

Post

H. R.

Govt

James

Linwood Terrace, 200 S. Hill, St.

in front

So

Room 1111, Hill

200 S. Church St.

Aug. 7, 88

Barry

Room 1111, Hill, 200 S. Church St.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 4 and page 5 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of the death.

MARYLAND STATE DEPARTMENT OF HEALTH											
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201											
12073											
12087											
CERTIFICATE OF DEATH											
1. DECEASED-NAME (Type or print)		First Clarence		Middle Smith		Lost		2a. DATE OF DEATH Month Day Year Aug 7 14 68		2b. HOUR 10:15	
3. SEX Male		4. RACE Negro		5. DATE OF BIRTH July 7, 1907		6. AGE (In years lost birthday) 61		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN	
7a. BIRTHPLACE (State or foreign country) Md		7b. CITIZEN OF WHAT COUNTRY? U.S.		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Somerset					
10. CITY OR TOWN OF DEATH Crisfield		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) McCready Memorial		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)				12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased admission) STATE Md		13b. COUNTY Somerset		13c. CITY OR TOWN Crisfield		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER 329 Chesapeake Ave.			
14. FATHER'S NAME First Middle Last Frederick Smith		15. MOTHER'S MAIDEN NAME First Middle Last Sally Gant									
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		(If yes give war or dates of service)		16b. SOCIAL SECURITY NO. 217-10-3931		17. INFORMANT Norma		Address Payton		Crisfield	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 185x Tonic Myocarditis & Emaciation DUE TO, OR AS A CONSEQUENCE OF (b) Complications of Prosthetic Intestine DUE TO, OR AS A CONSEQUENCE OF (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 days											
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) 177x Implosion											
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED				20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 1B.)							
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. City or Town County State							
22a. I certify that (I) (this hospital) attended the deceased from 7/27, 1968 to 8/14, 1968, that (I) (we) last saw the deceased alive on 8/14/68, 19, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.											
22b. SIGNATURE A.N. Barr, M.D.		DEGREE		ATTENDING PHYS.		<input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED 8/15/68			
22d. PHYSICIAN'S NAME (Type)		A. N. Barr, M.D.		22e. ADDRESS Crisfield, Md.							
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 8/17/68		23c. NAME OF CEMETERY OR CREMATORY Hsbury		23d. LOCATION (City or Town) (County) (State) Crisfield Md					
24. FUNERAL DIRECTOR Anthony E. (Ward) Crisfield		ADDRESS Crisfield Md.		25a. REC'D BY REGISTRAR DATE AUG 20 1968		25b. REGISTRAR'S SIGNATURE Charles Judge					

18081

RECEIVED BY MAIL

18081



18081

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12079 CERTIFICATE OF DEATH 12088											
1. DECEASED-NAME (Type or print) First Middle Last EARL SMITH						2a. DATE OF DEATH Month Day Year AUG. 11, 1968			2b. HOUR 6A M		
3. SEX MALE		4. RACE WHITE		5. DATE OF BIRTH MAY 1, 1892		6. AGE (In years last birthday) 76 YRS.		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN.	
7a. BIRTHPLACE (State or foreign country) MARYLAND		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH SOMERSET CO.			Md.		
10. CITY OR TOWN OF DEATH VENTON			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) AT HOME			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) RETIRED FARMER			12b. KIND OF BUSINESS OR INDUSTRY FARMING		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MD.			13b. COUNTY SOMERSET		13c. CITY OR TOWN VENTON		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER		
14. FATHER'S NAME First Middle Last EDWARD W. SMITH				15. MOTHER'S MAIDEN NAME First Middle Last ELIZABETH WINDSOR							
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) NO				16b. SOCIAL SECURITY NO.		17. INFORMANT Address MRS. CATHERINE SMITH VENTON, MD.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral thrombosis</u> 433.9 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Cerebral arteriosclerosis</u> DUE TO, OR AS A CONSEQUENCE OF (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 hour											
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o) 332.2											
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)						
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)			21f. LOCATION Street or R.F.D. No. City or Town County State						
22a. I certify that (I) (this hospital) attended the deceased from 1955, 19, to 8-11-68 19, that (I) (we) last saw the deceased alive on 8-11-68 19, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.											
22b. SIGNATURE Everett Sutter DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>										22c. DATE SIGNED 8-12-68	
22d. PHYSICIAN'S NAME (Type) Everett Sutter MD					22e. ADDRESS Dames Quarter, Maryland						
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8/13/1968		23c. NAME OF CEMETERY OR CREMATORY ST. ANDREW CEMETERY			23d. LOCATION (City or Town) (County) (State) PRINCESS ANNE, MD.				
24. FUNERAL DIRECTOR ADDRESS LEVIN R. WILSON PRINCESS ANNE, MD.					25a. REGISTRAR AUG 14 1968		25b. REGISTRAR'S SIGNATURE Charles Judge				

CERTIFICATE OF DEATH

AUG. 11, 1958

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MAY 1, 1953

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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12080

CERTIFICATE OF DEATH

12089

1. DECEASED-NAME (Type or print)		First Laura	Middle Mae	Last Sterling	2a. DATE OF DEATH Month Day Year Aug. 19 68		2b. HOUR P 12:35				
3. SEX Female		4. RACE White		5. DATE OF BIRTH Jan 8, 1899		6. AGE (In years last birthday) 69 YRS.		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN	
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Somerset Md.					
10. CITY OR TOWN OF DEATH Crisfield		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) McCready		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housewife		12b. KIND OF BUSINESS OR INDUSTRY Home					
13a. USUAL RESIDENCE (Where deceased admission) STATE Maryland		13b. COUNTY Somerset		13c. CITY OR TOWN Crisfield		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER 480 Asbury Ave.			
14. FATHER'S NAME First Middle Last George A. Sterling		15. MOTHER'S MAIDEN NAME First Middle Last Willie Etta Webster									
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16b. SOCIAL SECURITY NO. (If yes give war or dates of service) None		17. INFORMANT Address Mrs. Mary Phippin, Salisbury, Md. 21801							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u> 4270 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). stating the underlying cause last. (b) <u>Congestive Heart Failure</u> DUE TO, OR AS A CONSEQUENCE OF (c)								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 4341 <u>Brain Stem Cerebral Vascular Accident</u>											
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> DR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)						
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)			21f. LOCATION Street or R.F.D. No. City or Town County State						
22a. I certify that (I) (this hospital) attended the deceased from <u>8/15, 1968</u> , to <u>8/19, 1968</u> , that (I) (we) lost saw the deceased alive on <u>8/19/68</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.											
22b. SIGNATURE <u>James A. Sterling</u> M.D.		22c. DATE SIGNED <u>8/20/68</u>									
22d. PHYSICIAN'S NAME (Type)		James A. Sterling, M.D.			22e. ADDRESS Main St. Crisfield, Md.						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug 21, 1968		23c. NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery		23d. LOCATION (City or Town) (County) (State) Crisfield, Somerset, Md.					
24. FUNERAL DIRECTOR ADDRESS Bradshaw & Sons, Crisfield, Md. 21817				25a. REC'D BY REGISTRAR DATE AUG 26 1968		25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>					

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RECEIVED IN DEPT

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VA 15 (4)
30M REV. 1-68

MARTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12081 CERTIFICATE OF DEATH 12090									
1. DECEASED-NAME (Type or print)		First Lillian		Middle	Last Sterling	2a. DATE OF DEATH		2b. HOUR	
						Month 8 Day 2 Year 68		4:50 PM	
3. SEX		4. RACE		5. DATE OF BIRTH		6. AGE (In years last birthday)		IF UNDER 1 YEAR	
Female		White		SEPT. 1 - 1879		88 YRS.		MONTHS DAYS HOURS MIN	
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH		IF UNDER 24 HRS.	
MARYLAND		U.S.A.				SOMERSET		HOURS MIN	
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY			
Crisfield		McCready Memo		RETIRED		RETIRED.			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE		13b. COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER	
MARYLAND		SOMERSET		CRISFIELD				ASBURY AVE.	
14. FATHER'S NAME		15. MOTHER'S MAIDEN NAME		16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown		16b. SOCIAL SECURITY NO.		17. INFORMANT	
First Middle Last		First Middle Last						Address	
NATHAN		EMMINIZER		EMMA		UNKNOWN		MARVIN STERLING CRISFIELD - MD	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4129		DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerosis						4 years	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		DUE TO, OR AS A CONSEQUENCE OF (c)							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)		21a. DATE OF OPERATION		21b. TIME OF INJURY		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		21d. INJURY OCCURRED	
4221				HOUR A.M. Month Day Year P.M. 19				White <input type="checkbox"/> Nat white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		21d. INJURY OCCURRED		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	
								21f. LOCATION Street or R.F.D. No. City or Town County State	
22a. I certify that (I) (this hospital) attended the deceased from Oct. 1, 1967, to Aug. 12, 1968, that (I) (we) last saw the deceased alive on 8/12/68, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. no		22b. SIGNATURE		22c. DATE SIGNED		22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS	
		Sarah M. Peyton M.D.		Aug. 13, 1968		S. M. Peyton, M.D.		Crisfield, Md.	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City or Town) (County) (State)		23e. REC'D BY REGISTRAR	
BURIAL		8/15/68		ASBURY CEMETERY		CRISFIELD Som MD		23f. REGISTRAR'S SIGNATURE	
24. FUNERAL DIRECTOR		24a. ADDRESS		24b. DATE		24c. REGISTRAR'S SIGNATURE		24d. REGISTRAR'S SIGNATURE	
Himmon Funeral Home		CRISFIELD MD		AUG 19 1968		Charles Judge			

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References

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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VR A15 (4)
30M REV. 1/68

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
12082 CERTIFICATE OF DEATH									
1. DECEASED-NAME (Type or print) Kathryn			First B Middle Tonner Last			2a. DATE OF DEATH Month 8 Day 20 Year 1968		2b. HOUR 7 a m	
3. SEX F		4. RACE White		5. DATE OF BIRTH 4-12-1919		6. AGE (In years last birthday) 49 YRS.		IF UNDER 1 YEAR MONTHS -- DAYS -- IF UNDER 24 HRS. HOURS -- MIN. --	
7a. BIRTHPLACE (State or foreign country) Montana		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Somerset			
10. CITY OR TOWN OF DEATH Chance		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) At home		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) clerk		12b. KIND OF BUSINESS OR INDUSTRY confectione			
13a. USUAL RESIDENCE (Where deceased admission) STATE Md.		13b. COUNTY Somerset		13c. CITY OR TOWN Chance		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER Main Road	
14. FATHER'S NAME First James Middle M Last Brown			15. MOTHER'S MAIDEN NAME First Dorothy Middle Donahue Last						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown NO (If yes give war or dates of service)			16b. SOCIAL SECURITY NO. unknown		17. INFORMANT James M Brown		Address WASH. D.C.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident 4379 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Cerebral Arterio Sclerosis DUE TO, OR AS A CONSEQUENCE OF (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 12 hrs 3 yrs									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 331x									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. City or Town County State					
22a. I certify that (I) (this hospital) attended the deceased from 1-9-59 , 19 68 , to 8-20 , 19 68 , that (I) (we) last saw the deceased alive on 8-19 , 19 68 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
22b. SIGNATURE Everett Sutter				DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>				22c. DATE SIGNED 8-21-68	
22d. PHYSICIAN'S NAME (Type) EVERETT SUTTER				22e. ADDRESS 1425 JAMES STREET MD					
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Aug. 23, 1968		23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		23d. LOCATION (City or Town) (County) (State) Missoula Missoula Mont			
24. FUNERAL DIRECTOR Leroy Webster				ADDRESS Rt. 3 Princess Anne, Md. 21853		25a. REC'D BY REGISTRAR DATE AUG 26 1968		25b. REGISTRAR'S SIGNATURE Charles Judge	

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$$\lambda = \frac{1}{\mu} = \frac{1}{\frac{1}{\mu_1} + \frac{1}{\mu_2} + \frac{1}{\mu_3} + \dots + \frac{1}{\mu_n}}$$

Options

[illegible]

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1990

2001

▲ KINO KASIO

ENCLOSURE C. 2215

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

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(continued)

Mar. 23, 1962, at Harry's Cemetery, Elmhurst

1. The first step is to identify the problem or question that needs to be answered.